





MANCHESTER REGIONAL HOSPITAL BOARD

*With the  
Regional Tuberculosis Adviser's  
Compliments*

REGIONAL TUBERCULOSIS DEPARTMENT,  
ROBY STREET,  
PICCADILLY,  
MANCHESTER, 1.



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LANCASHIRE COUNTY COUNCIL

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PREVENTION AND TREATMENT  
OF  
TUBERCULOSIS  
IN THE  
ADMINISTRATIVE COUNTY OF LANCASTER

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REPORT  
ON THE  
TUBERCULOSIS SERVICE  
OF THE  
LANCASHIRE COUNTY COUNCIL  
FOR THE YEAR  
1948



## TUBERCULOSIS

## REPORT ON THE WORK OF THE TUBERCULOSIS DEPARTMENT FOR 1948

BY F. C. S. BRADBURY, M.D., D.P.H. (EX-CENTRAL CONSULTANT TUBERCULOSIS OFFICER)

Although, with the operation of the National Health Service Act, 1946, on the 5th July, 1948, the County Council ceased to be responsible for the diagnosis and treatment of tuberculous patients and the administration of chest clinics, sanatoria and hospitals, they continued those duties as "agents" for the Manchester Regional Hospital Board and the Liverpool Regional Hospital Board until the end of 1948. It is convenient, therefore, to present the report for the whole of the calendar year, which course also permits of the continuity of the statistics.

It will be realised that 1948 was a year which represented much difficulty owing to the necessity of having to transfer the nursing, clerical, domestic and outdoor staffs, together with furniture, equipment and stores for dispensaries, sanatoria and hospitals, to the appropriate Hospital Management Committees, and at the same time to continue the normal work; in addition, East Cheshire and several county boroughs (population 883,698) were added to the County, as the beginning of a centralised regional service.

On the 30th June, 1948, the institutional accommodation occupied by County patients suffering from respiratory tuberculosis consisted of 908 and, for non-respiratory tuberculosis, 211 beds. The waiting list stood at 143 respiratory and 35 non-respiratory cases. After the 5th July, 1948, during the "agency" arrangements, the amalgamation with the County Boroughs and other Counties of the Manchester Region commenced, the available bed accommodation being pooled.

In July, 1948, the Manchester Regional Hospital Board approved in principle the setting up of a Regional Tuberculosis Department and a central bed bureau to deal with all applications for admission to tuberculosis beds at the Board's sanatoria and hospitals and to beds in the sanatoria outside the Region which are available under agreement with other Regional Hospital Boards. As the majority of the staff of the Tuberculosis Department of the Lancashire County Council have been transferred to the Board, the Board hoped that the Regional Tuberculosis Department might continue to be located at the County Offices, Preston, until such time as other suitable accommodation is available. In addition to the operation of the bed bureau, the Board stated that other work will involve the preparation and examination of statistical records, the maintenance of close liaison with the Local Health Authorities and the general direction of mass radiography.

**Tuberculosis incidence and mortality in 1948.**—In 1948 the population of the Administrative County, as estimated by the Registrar-General, was 2,007,150.

The number of new respiratory cases (1,522) notified under the Public Health (Tuberculosis) Regulations was 128 (9 per cent.) higher than in 1947 but 141 (also 9 per cent.) fewer than in 1946.

Non-respiratory notifications have risen slightly—551 as compared with 519 in 1947.

The deaths (689) in 1948 from respiratory tuberculosis are the lowest figure on record, being 72 (or 10 per cent.) fewer than in 1947; deaths from non-respiratory tuberculosis are again the lowest on record.

The death-rate from all forms of tuberculosis (0.40 per 1,000 population) is the lowest ever recorded for the Administrative County.

At the end of 1948 there were on the dispensary registers 8,589 patients suffering from tuberculosis (respiratory 5,848, non-respiratory 2,741).

Applications for treatment were received during the year from 1,718 persons, of whom 177 were patients transferred from other authorities. Of the total applicants, 1,264 were diagnosed as suffering from respiratory tuberculosis and 454 from non-respiratory tuberculosis.

The serious prevalence of respiratory tuberculosis among the young female adults (aged 15—34) is shown in the new notifications during the past 10 years:—1939, 377; 1940, 386; 1941, 417; 1942, 412; 1943, 393; 1944, 457; 1945, 424; 1946, 455; 1947, 391; 1948, 431.

The number of notifications for all forms of tuberculosis in 1948 was 2,073 and represents (allowing for change in population) only 41 per cent. of the number registered in 1913, when the official tuberculosis service began.



The number of patients written off the dispensary registers during 1948 as recovered was 312. The number of patients remaining under supervision on 31st December, 1948, was 8,589.

On page 7 is given a comparison of the work of the dispensaries in 1948 and 1937 and this indicates a doubling of the work in nearly every section.

The following table shows since 1913 the new cases of tuberculosis notified each year in the Administrative County together with the case-rate per 1,000 of the population:—

Year	Notifications			Case-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1.54	0.90	2.45
1914	2,820	1,140	3,960	1.61	0.65	2.26
1915	2,872	1,128	4,000	1.64	0.64	2.28
1916	2,689	1,180	3,869	1.52	0.66	2.19
1917	2,375	1,062	3,437	1.35	0.60	1.96
1918	2,534	885	3,419	1.47	0.51	1.98
1919	2,105	847	2,952	1.21	0.48	1.70
1920	2,084	968	3,052	1.20	0.55	1.76
1921	2,044	899	2,943	1.16	0.51	1.67
1922	1,863	956	2,189	1.05	0.54	1.59
1923	1,937	1,188	3,125	1.09	0.66	1.75
1924	1,972	1,120	3,092	1.10	0.62	1.73
1925	1,846	1,027	2,873	1.03	0.57	1.60
1926	1,828	953	2,781	1.02	0.53	1.55
1927	1,794	1,045	2,839	0.99	0.58	1.57
1928	1,660	956	2,616	0.91	0.52	1.44
1929	1,517	913	2,430	0.83	0.50	1.34
1930	1,527	982	2,509	0.84	0.54	1.38
1931	1,460	862	2,322	0.80	0.47	1.28
1932	1,477	825	2,302	0.81	0.45	1.27
1933	1,453	780	2,233	0.80	0.43	1.23
1934	1,315	774	2,089	0.72	0.42	1.15
1935	1,305	672	1,977	0.71	0.36	1.08
1936	1,248	722	1,970	0.67	0.39	1.06
1937	1,314	745	2,059	0.70	0.40	1.10
1938	1,227	805	2,032	0.65	0.42	1.08
1939	1,252	757	2,009	0.65	0.39	1.05
1940	1,340	715	2,055	0.70	0.37	1.08
1941	1,414	732	2,146	0.73	0.38	1.11
1942	1,447	766	2,213	0.76	0.40	1.17
1943	1,456	778	2,234	0.78	0.42	1.20
1944	1,512	665	2,177	0.82	0.36	1.18
1945	1,511	641	2,152	0.82	0.34	1.17
1946	1,663	537	2,200	0.86	0.27	1.14
1947	1,394	519	1,913	0.71	0.26	0.97
1948	1,522	551	2,073	0.75	0.27	1.02

Below are given the number of deaths from tuberculosis recorded in 1948, together with the death-rates per 1,000 of the population; for comparison the average for the five years 1943-47 is also given:—

Respiratory tuberculosis—	Deaths	Death-rate
1948.....	689	0.34
5-year average (1943-47) .....	752	0.37
Non-respiratory tuberculosis—		
1948.....	127	0.06
5-year average (1943-47) .....	162	0.08
All forms—		
1948.....	816	0.40
5-year average (1943-47) .....	914	0.45

Respiratory tuberculosis is again more prevalent among males than among females. Allowing for the difference in the population of the sexes, in 1948 for every 100 deaths of females there were 124 deaths of males, and for every 100 female case notifications there were 115 male case notifications.

The number of deaths from respiratory tuberculosis in 1948 which escaped statutory notification as tuberculous cases during life (i.e., non-notified fatal cases) was 40, or 5.8 per cent. of the total deaths from respiratory tuberculosis. Deaths from non-respiratory tuberculosis during 1948 which escaped notification during life numbered 14, or 11.02 per cent. of the total non-respiratory deaths.



The table below shows the number of deaths registered and the death-rates recorded during the years 1913 to 1948 in the Administrative County:—

Year	Deaths			Death-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0.82	0.30	1.12
1914	1,523	572	2,095	0.87	0.32	1.19
1915	1,614	555	2,169	0.96	0.34	1.30
1916	1,685	471	2,156	1.04	0.29	1.33
1917	1,584	466	2,050	1.00	0.30	1.30
1918	1,652	435	2,087	1.07	0.28	1.35
1919	1,339	358	1,697	0.80	0.22	1.02
1920	1,323	396	1,719	0.76	0.23	0.99
1921	1,301	376	1,677	0.73	0.21	0.95
1922	1,362	389	1,751	0.77	0.22	0.99
1923	1,250	412	1,662	0.70	0.23	0.93
1924	1,215	339	1,554	0.68	0.19	0.87
1925	1,205	361	1,566	0.67	0.20	0.87
1926	1,158	286	1,444	0.64	0.16	0.80
1927	1,105	296	1,401	0.61	0.16	0.77
1928	1,066	287	1,353	0.58	0.15	0.74
1929	1,102	279	1,381	0.60	0.15	0.76
1930	1,046	253	1,299	0.57	0.14	0.71
1931	1,021	266	1,287	0.56	0.14	0.71
1932	975	238	1,213	0.54	0.13	0.67
1933	1,010	232	1,242	0.55	0.12	0.68
1934	848	231	1,079	0.46	0.12	0.59
1935	855	189	1,044	0.46	0.10	0.57
1936	856	192	1,048	0.46	0.10	0.56
1937	865	198	1,063	0.46	0.10	0.57
1938	802	177	979	0.42	0.09	0.52
1939	814	195	1,009	0.42	0.10	0.52
1940	876	188	1,064	0.46	0.09	0.55
1941	838	221	1,059	0.43	0.11	0.55
1942	776	196	972	0.41	0.10	0.51
1943	765	177	942	0.41	0.09	0.50
1944	773	182	955	0.42	0.09	0.51
1945	709	161	870	0.38	0.08	0.47
1946	751	154	905	0.39	0.08	0.47
1947	761	136	897	0.38	0.06	0.45
1948	689	127	816	0.34	0.06	0.40

The following tables show the deaths from respiratory and non-respiratory tuberculosis recorded in the Administrative County during the years 1938-48, analysed according to sex and age:—

		Deaths from Respiratory Tuberculosis						
		All Ages	Age Groups—Years					
			0—14	15—24	25—34	35—44	45—64	65 and over
MALES—								
1938	472	2	58	98	99	183	32	
1939	479	6	56	89	85	208	35	
1940	503	11	57	89	105	197	44	
1941	474	4	50	88	115	186	31	
1942	442	3	57	86	99	167	30	
1943	482	4	57	86	90	202	43	
1944	459	5	49	64	90	208	43	
1945	436	8	50	61	81	185	51	
1946	462	7	42	70	99	192	52	
1947	430	8	35	66	86	201	34	
1948	395	8	25	72	65	174	51	
FEMALES—								
1938	330	10	100	95	53	62	10	
1939	335	10	92	112	48	61	12	
1940	373	14	119	100	67	52	21	
1941	364	11	105	109	59	62	18	
1942	334	8	100	87	54	72	13	
1943	283	10	85	79	50	50	9	
1944	314	7	96	105	48	41	17	
1945	273	8	75	88	44	39	19	
1946	289	8	67	98	55	46	15	
1947	331	7	93	101	58	41	31	
1948	294	10	72	92	50	43	27	

		Deaths from Non-respiratory Tuberculosis						
		All Ages	Age Groups—Years					
			0—14	15—24	25—34	35—44	45—64	65 and over
MALES—								
1938	91	34	21	6	9	12	9	
1939	106	50	15	7	9	22	3	
1940	102	45	19	13	10	9	6	
1941	114	45	18	17	13	19	2	
1942	94	44	12	12	12	12	2	
1943	89	49	10	8	8	11	3	
1944	106	54	11	14	9	13	5	
1945	75	48	5	3	7	8	4	
1946	82	43	6	7	9	11	6	
1947	69	34	13	3	3	12	4	
1948	57	25	7	3	5	11	6	
FEMALES—								
1938	86	37	14	13	5	13	4	
1939	89	32	20	15	6	13	3	
1940	86	33	20	12	7	11	3	
1941	107	56	16	13	9	12	1	
1942	102	42	18	18	9	15	—	
1943	88	34	21	8	10	8	7	
1944	76	34	12	12	7	5	6	
1945	86	44	12	6	8	11	5	
1946	72	31	14	6	5	12	4	
1947	67	34	9	5	7	10	2	
1948	70	35	12	3	5	8	7	

Deaths of children from respiratory and from non-respiratory tuberculosis during the years 1929 to 1948 are shown below:—

*Deaths from tuberculosis among children in the Administrative County.*

	5-year average							
	1929-33	1934-38	1939-43	1944	1945	1946	1947	1948
Respiratory tuberculosis—								
Aged 0—4 years .....	5	3	7	8	5	6	11	9
Aged 5—14 years .....	21	11	8	4	11	9	4	9
Non-respiratory tuberculosis—								
Aged 0—4 years .....	70	54	59	66	56	50	41	41
Aged 5—14 years .....	42	29	27	22	36	24	27	19

The tuberculosis deaths and death-rates in the various County districts and in the dispensary areas are given in the table on pages 13 to 15.

**Co-operation with County Boroughs and the Isle of Man.**—The County Council, by agreement with Blackburn Corporation, in 1944 undertook responsibility for the Borough tuberculosis scheme. Blackburn was consequently assimilated in Dispensary Area 2, and Dr. G. Barker Charnock, the consultant tuberculosis officer for Area 2, became responsible for the tuberculosis work of the Borough, including X-ray examinations, artificial light treatment, A.P. refills, etc.

During 1948, 611 new Borough patients were examined, and at the end of the year there were 461 patients on the Blackburn dispensary register, of whom 58 were undergoing institutional treatment.

Co-operation on sections of the tuberculosis scheme, e.g., institutional treatment, major thoracic surgery, artificial pneumothorax refills, existed with several of the Lancashire County Boroughs, namely, Southport, Bootle, Preston, etc., and with the Isle of Man Local Government Board.

With regard to the last-named, one of our tuberculosis officers (Dr. J. L. Armour) visited the island monthly to examine patients and to supervise their treatment at the dispensary and the sanatorium; Manx patients requiring specialised treatment are sent to our Lancashire institutions.

**Work of the Dispensary Organisation.**—Attention is drawn in the following statement to the very large increases in new cases examined, X-ray examinations, and artificial pneumothorax refills when the years 1948 and 1937 are compared. The increase in new cases reflects the ever-growing use made by general practitioners of our consultant physicians for all kinds of chest complaints, respiratory and non-respiratory:

	1937	1947	1948
New cases examined .....	4,799	7,875	11,480
New contacts examined .....	1,030	2,277	
Re-examinations of "old" patients and "old" contacts .....	24,505	41,473	42,543
Patients' attendances at dispensaries .....	25,707	48,828	55,076
Visits by tuberculosis officers to patients' homes .....	4,627	2,797	1,967
X-ray examinations made in connection with dispensary work .....	11,091	40,032	43,487
Sputum examinations made in connection with dispensary work .....	7,734	10,759	11,346
Artificial pneumothorax refills given at the dispensaries .....	2,212	11,201	11,498
Pneumoperitoneum refills given at the dispensaries .....	—	696	943
Patients' dispensary attendances for artificial light treatment .....	27,604	6,395	6,026
Consultations with medical practitioners—			
Personal .....	592	420	402
Other .....	6,822	9,757	12,524
Examinations of persons referred by Medical Boards under the National Service (Armed Forces) Act, 1939 .....	—	159	141
Examinations of entrants to industry under the Sandstone (Silicosis) Scheme, 1929.....	62	5	12
Visits by tuberculosis health visitors to patients' homes .....	41,493	34,330	32,811
Examination of patients for suitability of training under Ministry of Labour Training Scheme .....	—	—	10

**Care and After-care.**—On the 4th July, 1948, the following voluntary care committees (covering a population of 419,200) were recognised by the County Tuberculosis Committee, who made grants to them of 50 per cent. of the actual expenditure on assistance to patients:—

Ashton-under-Lyne and District.  
 Chorley and District.  
 Horwich.  
 Huyton-with-Roby.  
 Lancaster and District.  
 Leigh and District.  
 Prescott and District.  
 Prestwich.  
 Radcliffe, Whitefield and District Relief Fund.  
 Widnes.

Assistance was given, through the Voluntary Care Committees, in the form of the provision of milk, groceries, clothing, etc., to necessitous tuberculous patients. These committees co-operated with the dispensary staffs and it was usual for the tuberculosis officer, together with one or more of the tuberculosis health visitors, to be prominent members of the care committee's organisation.

As this was purely voluntary after-care work, the committees were not immediately affected by the new social legislation, and continued to be financially assisted through the Health Committee of the Lancashire County Council.

In the remainder of the Administrative County not covered by voluntary committees, care work continued to be carried out by the dispensary organisation, the senior chest physician of each of the eight areas having a sum of money allotted by the County Council.

The Tuberculosis Health Visitors rendered valuable assistance in reporting on necessitous cases.

On the 5th July, 1948, the war-time scheme of tuberculosis maintenance allowances ceased, and the work was transferred to the new National Assistance Board, but under slightly different conditions. Certain categories of patients are assisted on a more generous scale of assistance.



**Mass Radiography.**—In reporting on the work of mass radiography units there is an unavoidable time-lag between the completion of a survey and the ascertainment of the results of that survey. This is due to the doubtful nature of many of the abnormalities discovered, and the need for observation, sometimes prolonged, before a final diagnosis can be made. In consequence, the figures now presented refer to surveys which ended in April, 1948.

Seventeen surveys have been carried out between October, 1943, when mass radiography came into operation, and April, 1948. The first eight of these surveys, covering 74,000 persons, were dealt with in the 1945 annual report of the Central Consultant Tuberculosis Officer, and the following statement relates to surveys 9 to 17 which were carried out from February, 1946, to April, 1948:—

Net number examined by mass radiography .....	93,004
Notifiable respiratory tuberculosis:—	
(a) Active .....	184
(b) Inactive .....	86
	270
Per 1,000 examinees .....	2.90
Non-significant respiratory tuberculosis:—	
(a) Inactive .....	513
(b) Healed .....	1,975
	2,488
Per 1,000 examinees .....	26.75
Positive sputum cases .....	64
Per 1,000 examinees .....	0.68
Persons recommended for sanatorium treatment .....	137
Per 1,000 examinees .....	1.47
Non-tuberculous abnormalities .....	2,990
Per 1,000 examinees .....	32.15
Non-tuberculous conditions requiring investigation .....	421
Per 1,000 examinees .....	4.52
Number of persons already on the dispensary register and not included in the above figures .....	55
Number of examinees classified as "normal" .....	87,256=93.8% of total examined
Persons recalled for large films .....	3,417=3.67% of total examined
Persons recalled for clinical examination or interview.....	1,962= 2.1% of total examined
Persons referred to Tuberculosis Officer .....	770= 0.8% of total examined
Persons referred to own Doctor or Hospital.....	490= 0.5% of total examined

The total number of persons X-rayed (93,000) represents just over two years' work for a single unit, plus some 8,000 persons examined by a second unit. This gives an average of about 40,000 examinees per annum per unit, which is generally accepted as a reasonable figure.

The incidence of notifiable respiratory tuberculosis among these 93,000 persons was 250 or 2.9 per 1,000. The corresponding figure for the first eight surveys was 4.6 per 1,000, suggesting that in the later groups there has been a much smaller incidence of tuberculosis. In this connection it is important to bear in mind the fact that the earlier series referred to war-time conditions, whereas the later surveys took place after the end of the war. It was noted in the 1945 report that "in normal times mass radiography will probably detect less respiratory tuberculosis in factory personnel", on the assumption that although in war-time the need for man-power must over-ride other considerations, with the return of peace tuberculous patients could exercise more discrimination as to whether they undertook regular work or not.

The 2.9 per 1,000 found to have tuberculosis does not indicate a reduction in the incidence of the disease in the general population, but only in those at work in our factories and offices.

Actually the number of definite cases of respiratory tuberculosis taken on the County dispensary registers increased from 2,156 in 1944 and 1945 to 2,204 in 1946 and 1947.

The personnel of a mass radiography unit changes from time to time, and it might be thought that changes in the statistics could be accounted for by the differing views of medical directors. But in such a factual matter as the number of positive sputum cases discovered, there is little room for personal bias, and it is instructive to note that this figure was 0.68 per 1,000 examinees in the present series, compared with 1.13 in the earlier series, indicating a real difference in the prevalence of tuberculosis.

Regarding non-tuberculous conditions, the same tendency is apparent for the later figures to be less than the earlier ones, and presumably for the same reasons. In the present series 4.5 persons per 1,000 examined were found to have non-tuberculous abnormalities requiring full investigation, compared with 5.8 per 1,000 in the previous series. Generally speaking, these conditions are not of great importance: of the total non-tuberculous findings, those most frequently requiring investigation were bronchiectasis, pulmonary fibrosis and pneumoconiosis.

Taking the results of surveys 9—17 to be representative of peace-time surveys in this part of the country, the following are the important findings as regards tuberculosis:—

2·9 persons per 1,000 examined are found to have notifiable respiratory tuberculosis.

1·5 persons per 1,000 examined are found to require sanatorium treatment.

0·7 persons per 1,000 examined have a positive sputum.

There are now four mass radiography units working in the Manchester Region, and this number may possibly be increased. Taking the annual “turnover” of each unit as 40,000 persons, some 240 recommendations for sanatorium treatment may be expected to arise annually in the immediate future, as the result of mass radiography.

With an average period of sanatorium treatment of six months, which has been the case in the past, this means the demand for additional beds is less than 5 per cent. of the sanatorium beds now in use.

It appears, therefore, that mass radiography is not likely to make such serious demands on our sanatorium accommodation that they cannot be met reasonably; and the frequently used argument that it is no use discovering tuberculosis by mass radiography because the patient cannot be treated when discovered, cannot be regarded as valid.

Regarding the general operation of mass radiography units, it is apparently the intention of the Ministry that every unit shall be made fully mobile by mounting all the equipment in a motor van in which there is space for an X-ray room and a dark room. It will still be necessary, however, to arrange for dressing and interviewing rooms in a permanent building, each time a survey is to take place. It must also be borne in mind that the van can only be used where it can be linked up with such a building away from a main road, because the passage of examinees between the dressing rooms and the van has to be carried out in a partly undressed state. The necessity for rooms in a permanent building will no doubt make it desirable to concentrate surveys on particular sites, so that when the unit has been set up in conjunction with suitable premises, as many persons as possible from the surrounding neighbourhood should be encouraged to make use of the facilities while they are available in the locality.

**Transferred property.**—Under the National Health Service Act, 1946, the following sanatoria, hospitals, and dispensaries previously administered by the Lancashire County Council were transferred to the Manchester or Liverpool Regional Hospital Boards:—

INSTITUTIONS	Number of beds available	
	Male	Female
<i>Owned by the County Council :—</i>		
High Carley Sanatorium, near Ulverston .....	64	65
Elswick Sanatorium, near Kirkham .....	37	33
Peel Hall Pulmonary Hospital, Little Hulton .....	52	—
Rufford Pulmonary Hospital, near Ormskirk .....	—	52
Withnell Pulmonary Hospital, near Chorley .....	52	—
Wrightington Hospital, near Wigan .....	108	121
	(123 children)	
Wolstenholme Pulmonary Hospital, near Rochdale .....	52	—
<i>Leased by County Council :—</i>		
Brinscall Pulmonary Hospital, near Chorley .....	18	—
Chadderton Pulmonary Hospital, near Oldham .....	—	52
	383	323
Children .....		706
		123
		829

#### DISPENSARIES (OR CHEST CLINICS)

##### *Owned by the County Council :—*

8 Middle Street, Lancaster.  
 34 St. Thomas' Road, Chorley.  
 12 Walton's Parade, Preston.  
 “High Lea”, 212 Whalley Road, Accrington.  
 64 Carr Road, Nelson.  
 Knott Hill House, Stacksteads.  
 Lees Street, Ashton-under-Lyne.  
 Brook Street, Chadderton.  
 41 Darbyshire Street, Radcliffe.  
 168 Drake Street, Rochdale.  
 19-23 Darley Street, Farnworth.

121 Station Road, Pendlebury.  
 14 Derbyshire Lane, Stretford.  
 “Ellesmere”, Crosby Road North, Waterloo.  
 14 Blue Bell Lane, Huyton.  
 90 Hardshaw Street, St. Helens.  
 69 Albion Place, Ulverston.  
 23 Poulton Road, Fleetwood.  
 3 Mesnes Park Terrace, Wigan.  
 7 Claremont Road, Seaforth (used in connection with Mass Miniature Radiography).

##### *Leased by County Council :—*

20 Railway Road, Darwen.  
 13 Church Street, Leigh.  
 28-30 Gilda Brook Road, Eccles.  
 Chapel Street, Widnes.



As the various Hospital Management Committees were not sufficiently organised, as at the 5th July, 1948, to manage these premises, the County Council acted as "agents" for them and it was not until the 31st December, 1948, that the complete change-over took place.

**Position on the 4th-5th July, 1948.**—COMMITTEE.—The control of the Tuberculosis Scheme of the Lancashire County Council up to the time of the operation of the National Health Service Act of 1946, was delegated to the County Tuberculosis Committee which consisted of the following members:—

*County Aldermen* : H. Hyde (Chairman of the Council), A. Smith (Vice-Chairman of the Council), Dr. P. F. Mannix (Chairman of the Committee), H. Bright, Dr. H. F. Jeffery, W. T. Miller and Lady Openshaw.

*County Councillors* : Dr. A. Clein, F. H. Dodd, C. W. Doodson, J. E. Evans, Miss E. R. Garnett, E. Houghton, G. E. Hardman (Vice-Chairman of Committee), C. Hargreaves, J. R. Hull, J. E. Leaver, Herbert Norcross, E. Smethurst, J. W. Thorley, J. Welch, and F. Wilkinson.

On the 4th July, 1948, the County Tuberculosis Committee went out of office, and the work under the "agency arrangements" until the end of the year was in the charge of a special joint committee consisting of representatives of the several displaced committees of the Council.

**STAFF OF THE TUBERCULOSIS DEPARTMENT.**—The staff of the department on the Appointed Day (5th July, 1948) was as follows:—

*Central Consultant Tuberculosis Officer.*—Dr. F. C. S. Bradbury.

*Dispensary Area 1 (population 279,462; dispensaries at Lancaster, Preston and Chorley; hospital at Lancaster);* Dr. H. J. Villiers (Consultant Tuberculosis Officer); Dr. C. V. Stevenson (Assistant); Tuberculosis Health Visitors: Nurses Crone, Dickinson, Sanderson and Wilkinson.

*Area 2 (population 302,424; dispensaries at Accrington, Darwen, Nelson, Stacksteads and Blackburn; hospitals at Withnell and Brinscall);* Dr. G. B. Charnock (Consultant Tuberculosis Officer), Dr. R. Stalker (Assistant), Dr. J. N. Parker (Assistant); Tuberculosis Health Visitors: Nurses Ennis, M. Evans, Hall, Haworth, Midgley, Scott, Sheridan and C. E. Watterson.

*Area 3 (population 387,111; dispensaries at Ashton-under-Lyne, Chadderton, Radcliffe and Rochdale; hospital at Norden);* Dr. G. Fletcher (Consultant Tuberculosis Officer), Dr. E. Clifford-Jones (Assistant), Dr. J. S. Law (Assistant); Tuberculosis Health Visitors: Nurses Crebbin, Flynn, Hanmer, Krogman, Reilly, Swift and Williams.

*Area 4 (population 379,545; dispensaries at Leigh, Eccles, Farnworth, Pendlebury and Stretford; hospital at Little Hulton);* Dr. J. L. Armour (Consultant Tuberculosis Officer), Dr. W. Fettes (Assistant), Dr. P. E. Cosgrove (Assistant); Tuberculosis Health Visitors: Nurses Boardman, Blakemore, Gibson, Jones, Shakespeare, Smith and Walker.

*Area 5 (population 361,007; dispensaries at Waterloo, Huyton, St. Helens and Widnes; hospital at Rufford);* Dr. C. Berry (Consultant Tuberculosis Officer), Dr. D. O. Hughes (Assistant), Dr. P. A. Morris (Assistant); Tuberculosis Health Visitors: Nurses Farquhar, Judge, McKeown, Rayner, Smith, and Webster.

*Furness Area (population 39,639; dispensary at Ulverston; sanatorium at High Carley, Near Ulverston);* Dr. G. Leggat (Consultant Tuberculosis Officer); Tuberculosis Health Visitor, Nurse Cummings.

*Fylde Area (population 102,726; dispensaries at Fleetwood and Elswick Sanatorium; hospital at Elswick Sanatorium, Near Kirkham);* the late Dr. A. B. Jamieson (Consultant Tuberculosis Officer), Dr. J. N. Parker (Assistant); Tuberculosis Health Visitor, Nurse E. Watterson

*Wigan County Area (population 107,246; dispensary at Wigan; hospital at Wrightington, Appley Bridge);* Dr. E. H. W. Deane (Consultant Tuberculosis Officer); Tuberculosis Health Visitors, Nurses Walters and M. J. Evans.

*Visiting Consultant Surgical Staff: Wrightington Hospital*—Orthopaedic Surgeons—Professor Sir Harry Platt, Professor T. P. McMurray, C.B.E.; Chest Surgeons—Mr. F. R. Edwards, Mr. W. F. Nicholson; Gynaecological Surgeon—Mr. M. M. Datnow; Ophthalmic Surgeon—Mr. J. A. McCann; Honorary Urological Surgeon—Professor C. A. Wells; Urological Surgeon—Mr. J. Cosbie Ross; Ear, Nose and Throat Specialist—Mr. G. G. Mowat; Anaesthetists for chest surgery—Dr. J. Halton, Dr. T. Dinsdale. Thoracic Surgery—Consultant Adviser in Thoracic Surgery—Mr. H. Morriston Davies. *High Carley Sanatorium (130 beds)*—Chest Surgeon—Mr. W. F. Nicholson; Anaesthetist—Dr. T. Dinsdale. *Elswick Sanatorium (70 beds)*—Chest Surgeons—Mr. F. R. Edwards, Mr. W. F. Nicholson; Anaesthetist—Dr. J. Halton.



*Visiting Dental Surgeons* : High Carley Sanatorium—Mr. A. Miller. Elswick Sanatorium—Dr. R. D. Allison. *Wrightington Hospital*—Mr. J. J. Ward.

*Senior Administrative Staff* : Messrs. H. F. Hughes, M.A., F.S.S. (administrative assistant); H. Bradshaw (chief clerk), E. F. B. Hindle (chief steward), I. Parker, P. Boardman, J. Totty and M. H. Seddon.

**County Council Dispensaries.**—Below is a statement, following the form required by the Ministry of Health under Memorandum 37/T, for the year 1948, at the County Council Dispensaries:—

1. Number of cases on dispensary registers on 1st January, 1948 .....	8,589	6. Number of visits by tuberculosis officers to homes (including personal consultations) .....	1,967
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years .....	278	7. Number of visits by nurses or health visitors to homes for dispensary purposes .....	32,811
3. Number of cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme, and cases "lost sight of" .....	378	8. Number of— (a) Specimens of sputum, etc., examined .....	11,346
		(b) X-ray examinations made in connection with dispensary work .....	43,487
4. Cases written off during the year as dead (all causes) .....	702	9. Number of "recovered" cases restored to dispensary registers .....	54
5. Number of attendances at the dispensaries (including contacts) .....	55,076	10. Number of consultations with medical practitioners:— (a) Personal .....	402
		(b) Other .....	12,524

Number of dispensaries for the treatment of tuberculosis (excluding centres used only for special forms of treatment):—

Provided by County Council .....24      Provided by voluntary bodies..... Nil

Number of examinations of persons referred by Civilian Medical Boards under the National Service (Armed Forces) Act, 1939 .....

141

Number of examinations of entrants to industry under Sandstone (Silicosis) Scheme, 1929.....

12

Number of visits by tuberculosis officers to sanatoria and pulmonary, special, and public assistance hospitals .....

431

Number of special visits by tuberculosis officers, i.e., interviews with medical officers of health, hospital officials .....

189

**BLACKBURN DISPENSARY.**—As stated on page 6, the County Council, by agreement with the Blackburn Corporation, in 1944 undertook responsibility for the Borough tuberculosis scheme. Blackburn was consequently assimilated in Dispensary Area 2, and Dr. G. Barker Charnock, the Consultant Tuberculosis Officer for Area 2, became responsible for the tuberculosis work of the Borough, including X-ray examinations, artificial light treatment, A.P. refills, etc.

Regular sessions were held at the Blackburn Dispensary for the diagnosis and treatment of patients; monthly reports showing the work done through the dispensary were forwarded to the Medical Officer of Health during the year.

During 1948, 611 new Borough patients were examined and at the end of the year there were 461 patients on the dispensary register, of whom 58 were undergoing institutional treatment.

The following statement shows the various phases of the work carried out at Blackburn Dispensary during 1948:—

New cases and new contacts examined .....	611
Re-examinations of "old" patients and "old" contacts .....	494
Patients' attendances at the dispensary .....	5,056
Visits by tuberculosis officer to patients' homes .....	67
X-ray examinations made in connection with dispensary work .....	2,074
Sputum examinations made in connection with dispensary work .....	884
Artificial pneumothorax refills given at the dispensary .....	584
Patients' dispensary attendances for artificial light treatment .....	197
Consultations with medical practitioners—	
Personal .....	80
Other .....	1,487
Visits by tuberculosis health visitors to patients' homes .....	3,009

**Visits of Overseas Medical Officers.**—The County tuberculosis scheme continued to interest medical officers from overseas, and the following visited Lancashire in 1948 to study the scheme:—

Dr. M. H. Sherif, Sudan; Dr. L. J. Poole, Fiji Islands; Dr. Piatowska, Poland; Dr. Araneta, Phillipines; Dr. Sikand, New Delhi; Dr. S. Chen, South China.

Similar arrangements have continued to be made by medical officers from overseas during 1949.

**Statistics.**—**CENSUS OF TUBERCULOSIS CASES.**—The following statement refers to cases in the Administrative County on the County dispensary registers on the 31st December, 1948:—

Dispensary area	Number of cases under supervision on 31st December, 1948								Number of doubtful cases on 31st Dec., 1948
	Sex	Respiratory tuberculosis		Non-respiratory tuberculosis		Total	Number of cases per 1,000 of population		
		Under 15 years of age	15 years and over	Under 15 years of age	15 years and over		Respira- tory	Non-res- piratory	
No. 1 .....	M.	15	393	94	94	1,110	2.48	1.41	6
	F.	10	290	103	111				
No. 2 .....	M.	8	467	127	114	1,308	2.55	1.68	2
	F.	11	301	114	166				
No. 3 .....	M.	25	663	77	131	1,647	3.08	1.09	9
	F.	23	506	67	155				
No. 4 .....	M.	17	588	93	138	1,522	2.74	1.17	7
	F.	11	450	62	163				
No. 5 .....	M.	31	622	116	123	1,675	3.23	1.21	nil
	F.	33	533	110	107				
Furness .....	M.	12	95	26	23	297	4.95	2.43	1
	F.	9	83	23	26				
Fylde .....	M.	1	165	33	27	406	2.62	1.22	2
	F.	1	110	35	34				
Wigan County .....	M.	11	184	83	39	624	3.45	2.30	3
	F.	14	166	55	72				
Total .....	M.	120	3,177	649	689	8,589	2.91	1.36	30
	F.	112	2,439	569	834				
		5,848		2,741			4.27		

The populations of the dispensary areas were:—

Area 1 .....	284,032	Area 5 .....	376,579
Area 2 .....	308,780	Furness .....	40,179
Area 3 .....	394,676	Fylde .....	105,633
Area 4 .....	388,522	Wigan County .....	108,749
Total for County .....	2,007,150.		

DEATHS AND DEATH-RATES.—The number of deaths from tuberculosis in 1948 in the 109 County districts and in the eight County dispensary areas are given, together with the equivalent rates, in the following tabular statement:—

County District	Estimated Population, 1948	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1948	Death-rate per 1,000 of population, 1948	Average death-rate five years, 1943-47	Number of deaths, 1948	Death-rate per 1,000 of population, 1948
<i>Urban</i>						
Abram.....	5,957	—	—	0·24	—	—
Accrington B. ....	40,180	13	0·32	0·46	1	0·02
Adlington .....	4,000	—	—	0·21	—	—
Ashton-in-Makerfield .....	18,990	4	0·21	0·55	3	0·16
Ashton-under-Lyne B. ....	46,270	25	0·54	0·51	6	0·13
Aspull .....	6,474	3	0·46	0·44	1	0·15
Atherton .....	20,700	5	0·24	0·20	—	—
Audenshaw.....	12,650	3	0·23	0·35	1	0·08
Bacup B. ....	18,320	6	0·33	0·47	1	0·05
Barrowford.....	4,500	2	0·44	0·35	1	0·22
Billinge and Winstanley .....	5,886	—	—	0·16	1	0·17
Blackrod .....	3,094	2	0·64	0·35	—	—
Brierfield .....	6,900	5	0·72	0·30	1	0·14
Carnforth .....	3,381	2	0·60	0·48	1	0·30
Chadderton .....	31,270	9	0·29	0·35	2	0·06
Chorley B. ....	32,590	13	0·40	0·25	—	—
Church .....	5,198	1	0·19	0·56	—	—
Clayton-le-Moors .....	6,698	1	0·15	0·36	—	—
Clitheroe B. ....	11,890	3	0·25	0·32	2	0·17
Colne B. ....	20,840	9	0·43	0·44	—	—
Crompton .....	12,620	7	0·55	0·31	—	—
Crosby B. ....	59,060	30	0·51	0·71	3	0·05
Dalton-in-Furness.....	10,480	6	0·57	0·61	—	—
Darwen B. ....	30,850	10	0·32	0·34	1	0·03
Denton .....	25,380	9	0·35	0·43	3	0·11
Droylsden .....	27,290	15	0·55	0·57	1	0·04
Eccles B. ....	43,870	10	0·23	0·47	3	0·06
Failsworth .....	18,040	11	0·61	0·52	1	0·05
Farnworth B. ....	28,350	8	0·28	0·47	1	0·04
Fleetwood B. ....	27,160	14	0·51	0·48	—	—
Formby .....	9,576	6	0·63	0·33	—	—
Fulwood .....	12,680	1	0·08	0·49	1	0·08
Golborne .....	16,140	2	0·12	0·28	1	0·06
Grange-over-Sands .....	2,719	1	0·37	0·29	—	—
Great Harwood .....	10,810	3	0·28	0·46	—	—
Haslingden B. ....	14,540	2	0·14	0·19	1	0·17
Haydock .....	11,880	6	0·50	0·39	1	0·08
Heywood B. ....	24,940	14	0·56	0·27	—	—
Hindley .....	19,320	5	0·26	0·31	—	—



County District	Estimated Population, 1948	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1948	Death-rate per 1,000 of population, 1948	Average death-rate five years, 1943-47	Number of deaths, 1948	Death-rate per 1,000 of population, 1948
<i>Urban—continued</i>						
Horwich .....	15,370	4	0.26	0.39	—	—
Huyton-with-Roby .....	53,330	30	0.56	0.63	9	0.17
Ince-in-Makerfield .....	20,380	2	0.10	0.49	3	0.14
Irlam .....	15,020	3	0.20	0.46	3	0.10
Kearsley .....	10,450	2	0.19	0.46	3	0.28
Kirkham .....	4,704	1	0.21	0.24	—	—
Lancaster B. ....	50,250	19	0.37	0.42	4	0.08
Lees .....	4,218	1	0.23	0.45	—	—
Leigh B. ....	48,220	17	0.35	0.29	3	0.06
Leyland .....	14,490	—	—	0.22	1	0.07
Litherland .....	22,120	19	0.86	0.76	1	0.05
Littleborough.....	10,800	3	0.28	0.25	1	0.09
Little Lever .....	4,762	—	—	0.36	1	0.21
Longridge .....	3,970	3	0.75	0.29	—	—
Lytham St. Annes B. ....	30,310	8	0.26	0.25	2	0.06
Middleton B. ....	32,190	11	0.34	0.44	2	0.07
Milnrow .....	8,418	—	—	0.27	—	—
Morecambe and Heysham B. ....	36,770	20	0.54	0.40	1	0.03
Mossley B. ....	10,430	4	0.38	0.29	3	0.28
Nelson B. ....	34,530	19	0.55	0.37	4	0.13
Newton-le-Willows .....	21,410	7	0.33	0.45	1	0.05
Ormskirk .....	20,030	9	0.45	0.28	3	0.14
Orrell .....	8,773	—	—	0.35	—	—
Oswaldtwistle .....	12,150	2	0.16	0.43	1	0.08
Padiham .....	10,040	4	0.40	0.40	—	—
Poulton-le-Fylde .....	7,630	3	0.39	0.22	1	0.13
Preesall .....	2,207	—	—	0.29	—	—
Prescot .....	15,290	7	0.57	0.48	1	0.08
Prestwich B. ....	34,760	8	0.23	0.31	—	—
Radcliffe B. ....	27,700	4	0.15	0.28	—	—
Rainford .....	3,898	2	0.51	0.33	—	—
Ramsbottom .....	14,390	2	0.14	0.32	2	0.14
Rawtenstall B. ....	25,140	11	0.43	0.38	3	0.12
Rishton .....	5,644	2	0.35	0.43	—	—
Royton .....	14,840	9	0.60	0.46	1	0.07
Skelmersdale .....	6,095	1	0.17	0.30	—	—
Standish-with-Langtree .....	8,932	2	0.22	0.21	—	—
Stretford B. ....	61,400	24	0.39	0.53	5	0.08
Swinton & Pendlebury B. ....	41,230	7	0.17	0.49	2	0.05
Thornton Cleveleys .....	15,790	4	0.25	0.21	—	—
Tottington .....	6,080	1	0.16	0.17	1	0.16
Trawden .....	2,020	—	—	0.89	—	—

County District	Estimated Population, 1948	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1948	Death-rate per 1,000 of population, 1948	Average death-rate five years, 1943-47	Number of deaths, 1948	Death-rate per 1,000 of population, 1948
<i>Urban—continued</i>						
Turton .....	10,930	4	0.37	0.22	1	0.09
Tyldesley .....	18,060	9	0.49	0.29	—	—
Ulverston .....	9,850	6	0.60	0.40	—	—
Upholland .....	6,123	2	0.33	0.33	—	—
Urmston .....	38,560	8	0.21	0.29	1	0.03
Walton-le-dale .....	14,730	3	0.20	0.36	1	0.06
Wardle .....	4,201	3	0.71	0.28	2	0.47
Westhoughton .....	14,940	3	0.20	0.20	3	0.20
Whitefield .....	13,030	1	0.08	0.33	—	—
Whitworth .....	7,469	4	0.53	0.32	2	0.27
Widnes B. ....	47,440	22	0.46	0.66	4	0.08
Withnell .....	2,840	2	0.70	0.50	—	—
Worsley .....	26,820	11	0.41	0.27	1	0.04
Total Urban .....	1,719,667	619	0.35	0.43	115	0.07
<i>Rural</i>						
Blackburn .....	12,700	3	0.23	0.25	—	—
Burnley .....	16,340	10	0.61	0.22	1	0.06
Chorley .....	26,940	2	0.07	0.22	—	—
Clitheroe .....	8,560	1	0.12	0.31	2	0.23
Fylde .....	12,510	2	0.16	0.18	—	—
Garstang .....	12,670	2	0.16	0.18	1	0.08
Lancaster .....	11,010	4	0.36	0.29	—	—
Limehurst .....	7,690	2	0.26	0.43	—	—
Lunesdale .....	6,749	—	—	0.23	1	0.14
Preston .....	37,820	7	0.19	0.27	2	0.08
Ulverston .....	17,130	4	0.23	0.29	1	0.06
Warrington .....	27,080	6	0.22	0.36	—	—
West Lancashire .....	44,010	15	0.35	0.34	2	0.05
Whiston .....	38,360	10	0.26	0.31	1	0.03
Wigan .....	7,914	1	0.13	0.28	—	—
Total Rural .....	287,483	69	0.24	0.28	11	0.04
Total for Administrative County .....	2,007,150	688	0.34	0.41	126	0.06
<i>Dispensary Area</i>						
No. 1 .....	289,354	84	0.30	0.32	13	0.05
No. 2 .....	308,780	111	0.36	0.38	20	0.06
No. 3 .....	394,676	146	0.37	0.40	28	0.07
No. 4 .....	388,522	109	0.28	0.42	27	0.07
No. 5 .....	376,579	170	0.45	0.50	26	0.07
Furness .....	40,179	17	0.42	0.42	1	0.02
Fylde .....	100,311	32	0.31	0.31	3	0.03
Wigan County .....	108,749	19	0.17	0.40	8	0.07







